



CCBHC Data and Reporting

Julia Peek, MHA
Deputy Administrator
Community Services

Stephanie Woodard, Psy.D.
Licensed Clinical Psychologist
Bureau of Behavioral Health, Prevention, and Wellness

Nevada Division of Public and Behavioral Health



Goals for Webinar

- Importance of quality measurements
- Key contacts and resources
- Review of measure specifications
- Highlights of each of measure





Performance Measure Overview

- Quantify provider's ability to service their community and satisfaction of community with that service
- Baseline performance will be established in demonstration year (Year 1) and Year-Over-Year comparisons will be made to measure incremental improvement
- 21 total measures (9 CCBHC-collected, 12 State Collected)
- Subset of 11 measures will be used for PPS/Bonus Payment



Data Sources

- We will be using all datasets available to us to assess program progress (EHR, Chart, MMIS, etc.)
- Considerations in collecting?
 - Need to ensure the data is “apples to apples” and all CCBHC sites are collecting data in a standardized way
 - Individualized collection and data transfer based on the software/hardware platforms being leveraged by each site
 - Need to ensure the data can be merged and summarized to show successes and/or areas for improvement
 - Need to ensure agreements are in place with Designated Collaborating Organizations (DCOs) to establish a robust process of data transfer for services they provide



Data Sources (Cont.)

BHC = Behavioral Health Clinic

The Level of Reporting and Who Does the Reporting

All measures are calculated, aggregated, and reported at the BHC level



Health Plan or State

BHC

Individual

- BHC-lead measures: Report on the BHC population at the BHC level
- State-lead measures: Report on the BHC population at the BHC level

Slide 7





Data Inventory





Calculate or Collect

- Whenever possible we will utilize your variables (data/information stored in your electronic record systems) to calculate the measures.
- If not possible, you may need to collect and transmit additional data.



Feedback and Issue Resolution

- This is a learning process for all of us, so we want to have regular communication on any issues and successes.
- Please reach out to our data team as needed.
- State will be reaching out in coming weeks to set up individual Q/A sessions with each site





Feedback and Issue Resolution

Webinar Schedule

- 1: July 12: Introduction and Background – **States and BHCs**
- 2: July 19: State-Reported Measures – **States Only**
- 3: July 26: State-Reported Measures – **States Only**
- 4: August 2: Clinic-Reported Measures – **States and BHCs**
- 5: August 9: Clinic-Reported Measures – **States and BHCs**
- 6: August 16: Special Issues – **States and BHCs**
- 7: August 23: Special Issues – **States and BHCs**
- 8: September 6: Non-Required Measures – **States Only**

All scheduled for Tuesdays 2:00 to 3:30 pm ET

Slide 45





Webinar Links

- Jul 12th: <http://event.on24.com/wcc/r/1214256/558AD3A9B201951470079D95E455D187>
- Aug 2nd: <http://event.on24.com/wcc/r/1214312/7D638C9E01EE5E35365CEFF79272ADA3>
- Aug 9th: <http://event.on24.com/wcc/r/1214332/83B797B3877424D522188A1DE3CE2EC8>
- Aug 16th: <http://event.on24.com/wcc/r/1214348/90F43FE25C0531DFD825E9B289278F60>
- Aug 23rd: <http://event.on24.com/wcc/r/1214384/64DE0BDD7A27E145E1BC54365BE31113v>



Contact Information

- Julia Peek, Deputy Administrator
 - 775-684-4192
 - jpeek@health.nv.gov
- Sandi Larson, Manager, Office of Public Health Informatics and Epidemiology
 - 702-486-0068
 - slarson@health.nv.gov



Listing of Required Measures for Demonstration Program



Measure Detail Key

- Title: the official title and acronym of the measure
- Definition: the specific metric being calculated, including clarity on the unit of measure
- Measure Steward: the steward responsible for the original creation and specification of the measure
- NQF: the National Quality Forum number for the metric (if applicable)
- Required Bonus Measure: a specification of whether the measure is included as part of the methodology for PPS bonus payments (if applicable)
- Collector: what entity is charge of collecting and reporting the measure (state or individual CCBHC)



Measure Spec Resources

- <http://www.samhsa.gov/section-223/quality-measures>
- Will also provide copies of documents to all CCBHC sites



Measure #1

- Title: Time to Initial Evaluation (I-EVAL)
- Definition:
 1. The percentage of new consumers with an initial evaluation provided within 10 business days of first contact
 2. The average number of days until initial evaluation for new consumers
- Measure Steward: SAMHSA
- NQF: NA
- Required Bonus Measure: NA
- Collector: CCBHC
- Collection Method: Medical Records



Measure #2

- Title: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)
- Definition:

Percentage of consumers aged 18+ with:

 1. A BMI documented during the current encounter or during the previous 6 months AND
 2. A follow-up plan documented during the current encounter or in the 6 months prior
- Measure Steward: CMS
- NQF: 0421
- Required Bonus Measure: NA
- Collector: CCBHC
- Collection Method: Medical Records



Measure #3

- Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-BH)
- Definition:
 - Percentage of children ages 3 to 17 who had:
 1. An outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological practitioner (OB/GYN) during the measurement year AND
 2. Evidence of a body mass index (BMI) percentile documentation during the measurement year
- Measure Steward: NCQA
- NQF: 0024
- Required Bonus Measure: NA
- Collector: CCBHC
- Collection Method: Administrative or Hybrid



Measure #4

- Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (TSC)
- Definition: Percentage of consumers aged 18+ who:
 1. Were screened for tobacco use one or more times within 24 months AND
 2. Received cessation counseling intervention if identified as a tobacco user
- Measure Steward: AMA-PCPI
- NQF: 0028
- Required Bonus Measure: NA
- Collector: CCBHC
- Collection Method: Medical Records



Measure #5

- Title: Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
- Definition: Percentage of consumers aged 18+ who:
 1. Were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND
 2. Received brief counseling if identified as an unhealthy alcohol user
- Measure Steward: AMA-PCPI
- NQF: 2152
- Required Bonus Measure: NA
- Collector: CCBHC
- Collection Method: Medical Records



Measure #6

- Title: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)
- Definition: Percentage of consumer visits for those consumers aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk
- Measure Steward: AMA-PCPI
- NQF: 1365
- Required Bonus Measure: Yes
- Collector: CCBHC
- Collection Method: Electronic Health Records



Measure #7

- Title: Major Depressive Disorder: Suicide Risk Assessment (SRA-A)
- Definition: Percentage of consumers aged 18+ with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified
- Measure Steward: AMA-PCPI
- NQF: 0104
- Required Bonus Measure: Yes
- Collector: CCBHC
- Collection Method: Electronic Health Records or Medical Records



Measure #8

- Title: Screening for Clinical Depression and Follow-Up Plan (CDF-BH)
- Definition: Percentage of consumers aged 12+ screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen
- Measure Steward: CMS
- NQF: 0418
- Required Bonus Measure: No
- Collector: CCBHC
- Collection Method: Hybrid



Measure #9

- Title: Depression Remission at Twelve Months (DEP-REM-12)
- Definition: Adult consumers aged 18+ with major depression or dysthymia who reached remission 12 months (± 30 days) after an index visit
- Measure Steward: Minnesota Community Measurement
- NQF: 0710
- Required Bonus Measure: No
- Collector: CCBHC
- Collection Method: Medical Records



Measure #10

- Title: Housing Status (HOU)
- Definition: Percentage of consumers in 10 categories of living situation
- Measure Steward: SAMHSA
- NQF: NA
- Required Bonus Measure: NA
- Collector: State
- Collection Method: Uniform Reporting System data



Measure #11

- Title: Patient Experience of Care Survey (PEC)
- Definition: Annual completion and submission of Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Experience of Care Survey, identifying results separately for BHCs and comparison clinics and oversampling those clinics
- Measure Steward: SAMHSA
- NQF: NA
- Required Bonus Measure: NA
- Collector: State
- Collection Method: MHSIP Survey



Measure #12

- Title: Youth/Family Experience of Care Survey (Y/FEC)
- Definition: Annual completion and submission of Youth/Family Services Survey for Families (YSS-F) Experience of Care Survey, identifying results separately for BHCs and comparison clinics and oversampling those clinics
- Measure Steward: SAMHSA
- NQF: NA
- Required Bonus Measure: NA
- Collector: State
- Collection Method: YSS-F Survey



Measure #13

- Title: Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Definition: The percentage of emergency department (ED) visits for consumers aged 6+ with a primary diagnosis of mental illness, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for mental illness. Two rates are reported:
 1. Percentage of ED visits for which the consumer received a follow-up within 30 days of the ED visit
 2. Percentage of ED visits for which the consumer received a follow-up within 7 days of the ED visit
- Measure Steward: NCQA
- NQF: NA
- Required Bonus Measure: NA
- Collector: State
- Collection Method: Administrative



Measure #14

- Title: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- Definition: The percentage of emergency department (ED) visits for consumers 13 years of age and older with a primary diagnosis of alcohol or other drug (AOD) dependence, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for AOD. Two rates are reported:
 1. Percentage of ED visits for which the consumer received a follow-up within 30 days of the ED visit
 2. Percentage of ED visits for which the consumer received a follow-up within 7 days of the ED visit
- Measure Steward: NCQA
- NQF: NA
- Required Bonus Measure: NA
- Collector: State
- Collection Method: Administrative



Measure #15

- Title: Plan All-Cause Readmission Rate (PCR-BH)
- Definition: For consumers aged 18+, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in three categories:
 1. Count of index hospital stays (IHS) – denominator
 2. Count of 30-day readmissions – numerator
 3. Readmission rate – numerator/denominator
- Measure Steward: NCQA
- NQF: 1768
- Required Bonus Measure: No
- Collector: State
- Collection Method: Administrative



Measure #16

- Title: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
- Definition: The percentage of consumers aged 18-64 with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
- Measure Steward: NCQA
- NQF: 1932
- Required Bonus Measure: NA
- Collector: State
- Collection Method: Administrative



Measure #17

- Title: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)
- Definition: Percentage of consumers aged 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period
- Measure Steward: NCQA (Originally based on HEDIS 2016)
- NQF: NA
- Required Bonus Measure: Yes
- Collector: State
- Collection Method: Administrative



Measure #18

- Title: Follow-Up After Hospitalization for Mental Illness (FUH-BH)
- Definition: The percentage of discharges for consumers who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner (NOTE: metric is segmented by age into two groups: 6-21 and 21+). Two rates are reported:
 1. Percentage of ED visits for which the consumer received a follow-up within 30 days of the ED visit
 2. Percentage of ED visits for which the consumer received a follow-up within 7 days of the ED visit
- Measure Steward: NCQA
- NQF: 0576
- Required Bonus Measure: Yes
- Collector: State
- Collection Method: Administrative



Measure #19

- Title: Follow-Up Care for Children Prescribed ADHD Medication (ADD-BH)
- Definition: Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:
 1. Initiation Phase: Percentage of children aged 6 to 12 as of the Index Prescription Start Date (ISPD) with an ambulatory prescription dispensed for ADMD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase
 2. Continuation and Maintenance (C and M) Phase: Percentage of children aged 6 to 12 as of the Index Prescription Start Date (ISPD) with an ambulatory prescription dispensed for ADMD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, who had at least two follow-up visits with a practitioner within 270 days after the Initiation Phase ended



Measure #19 (Cont.)

- Measure Steward: NCQA
- NQF: 0108
- Required Bonus Measure: No
- Collector: State
- Collection Method: Administrative



Measure #20

- Title: Antidepressant Medication Management (AMM-BH)
- Definition: The percentage of consumers aged 18+ who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:
 1. Effective Acute Phase Treatment – percentage of consumers who remained on an antidepressant medication for at least 84 days (12 weeks)
 2. Effective Continuation Phase Treatment – percentage of consumers who remained on an antidepressant medication for at least 180 days (6 months)
- Measure Steward: NCQA
- NQF: 0105
- Required Bonus Measure: No
- Collector: State
- Collection Method: Administrative



Measure #21

- Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)
- Definition: Percentage of consumers aged 13+ with a new episode of alcohol or other drug (AOD) dependence who received the following:
 1. Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis
 2. Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit
- Measure Steward: NCQA
- NQF: 0004
- Required Bonus Measure: Yes
- Collector: State
- Collection Method: Administrative